# NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.

Completely fill in one circle.

Print legible numbers and block letters, no script.

**COMPLETE ALL SECTIONS**before submitting or form will be returned.

	July/December Procurement O Both	RECEIVE	Newfrofile of Democracy (NY)  D JUL 152013  TV D: S/B  794,056
Il Client Information  Name: New York Friends of Democracy			
Permanent Business Address: PO Box 2104 City: New York Business Phone: Third Party Beneficiary (see instructions):	State Fax N	. NY umber:	ZIP code: 10101-2104
III Lobbyist(s) Information & Cor Any individual or organization that has lobbled threshold was exceeded by that individual or or	mpensation (Curro on behalf of the client m organization.	ent Period Only) ust be reported below, t	regardless of whether the
If it estiloid was exceeded by it at it laividodi of c			
A Type of Lobbyist: Retained  Level of Gov't: State Lobbying  Name: Featherstonhaugh, Wiley and Cly	<ul><li>Employed</li><li>Local Lobbying</li></ul>	O Designated O Both Phone Number:	
A Type of Lobbyist: Retained  Level of Gov't: State Lobbying  Name: Featherstonhaugh, Wiley and Cly  Address: 99 Pine St  City: Albany	O Employed O Local Lobbying ne LLP	O Designated O Both	
A Type of Lobbyist: Retained  Level of Gov't: State Lobbying Name: Featherstonhaugh, Wiley and Cly  99 Pine St  Address: City: Albany  Compensation for current period: \$30  B Type of Lobbyist: O Retained  Level of Gov't: O State Lobbying  Name:	O Employed O Local Lobbying ne LLP	O Designated O Both Phone Number:	518-436-0786
A Type of Lobbyist: Retained Level of Gov't: State Lobbying Name: Featherstonhaugh, Wiley and Cly Address: 99 Pine St City: Albany Compensation for current period: \$30 B Type of Lobbyist: O Retained Level of Gov't: O State Lobbying Name: Address: City:	O Employed O Local Lobbying ne LLP  0,000 O Employed	O Designated O Both Phone Number:  State: NY  O Designated O Both	518-436-0786
A Type of Lobbyist: Retained  Level of Gov't: State Lobbying Name: Featherstonhaugh, Wiley and Cly  99 Pine St  Address: City: Albany  Compensation for current period: \$30  B Type of Lobbyist: O Retained  Level of Gov't: O State Lobbying  Name:  Address:	O Employed O Local Lobbying ne LLP  0,000 O Employed O Local Lobbying	O Designated O Both Phone Number:  State: NY  O Designated O Both Phone Number:	518-436-0786  ZIP code: <sup>12207</sup>

### Designated Addendum sheet for sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

III Lobbyist(s) Information & Compensation (Current Period Only)							
Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.							
Type of Lobbyist:	O Retained	O Employed	0	Designated			
Level of Gov't:	O State Lobbying	O Local Lobbying	9 0	Both			
Name:				Phone N	umber:		31
Address:							
City:				State:		ZIP cod	e:
Compensation for	r current period: \$	.00					
Type of Lobbyist:	O Retained	O Employed	0	Designated			
Level of Gov't:	O State Lobbying	O Local Lobbying	g 0	Both			
Name:				Phone N	lumber:		
Address:							
City:				State:		ZIP coc	le:
Compensation fo	r current period: \$	.00					
Type of Lobbyist:	O Retained	O Employed	0	Designated			
Level of Gov't:	O State Lobbying	O Local Lobbying	9 0	Both			
Name:				Phone N	umber:		
Address:							
City:				State:		ZIP cod	e:
	current period: \$	.00					
Compensation for current period: \$ .00							
	nses (Current S	emi-Annual Pe		ATTENDED OF THE OWNER,	0010		
PAID TO:	ckerbocker	DA	TE:	/ /	2013	O Ad	O Social Event
PURPOSE: Commun	ications Consulting	AM	OUNT	: \$ <sup>10,000</sup>	.00	O *Adden	dum attached
O PROCUREMENT	⊗ NONPROCUR			· · · · · · · · · · · · · · · · · · ·	2012		
PAID TO: SKD Knic				)4 / 11 /	2013		O Social Event
PURPOSE: Advertising	ng	AM	IOUNT	: \$ <sup>16,504</sup>	.00	O *Adden	dum attached
O PROCUREMENT	⊗ NONPROCUR	EMENT					
PAID TO: SKD Knid	ckerbocker	DA	1 hours	/ /	2013	OAd	O Social Event
PURPOSE: Commun	ications Consulting	AM	IOUNI	: \$ <sup>10,000</sup>	.00	O *Adden	dum attached
O PROCUREMENT	⊗ NONPROCUR						
PAID TO: SKD Knic	ckerbocker		TE: C	05 / 23 /	2013	<b>⊗</b> Ad	O Social Event
PURPOSE: Advertising	ng and Communication	ns Consulting AN	MOUNT	: \$ <sup>277,442</sup>	.00	O *Adden	dum attached
	⊗ NONPROCUR						
PAID TO: SKD Knic	ckerbocker	DA	TE:	/ /	2013	<b>⊗</b> Ad	O Social Event
PURPOSE: Mail and	Advertising	AM	MOUNT	: \$ <sup>135,050</sup>	.00	O*Addend	dum attached
O PROCUREMENT	⊗ NONPROCUR	EMENT					

### Designated Addendum sheet for sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

III Lobbyist(s)	Information & C	Compensatio	n (Cu	urrent Pe	eriod On	ly) www.regardless.co	of whether the threshold
was exceeded by th	to the second se	N-07 FOR 20 M				,	of whether the threshold
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Compensation fo	r current period: \$	.0	0				
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Level of Gov't:	O State Lobbying	O Local Lobby	ying (	O Both			
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Compensation for	r current period: \$	.00	0				
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Footbore	nses (Current So tonhaugh, Wiley and C	luno.		06 , 01	, 2013	O Ad	O Social Event
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PURPOSE: Reimburs			NOMA	NT: \$ 200	.00	O Adder	ndum attached
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PURPOSE: Advertising	ng		IUOMA	NT: \$ 10,0	.00	O *Adder	ndum attached
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B Report in the aggregate all expenses	for salc	aries of non-	-lobbying employees: \$		.00
C Itemize each expense exceeding \$7 PAID TO: SKD Knickerbocker	75:		DATE: 03 /21 /2013	<b>⊗</b> Ad	O Social Even
PURPOSE: Production and Communicat	ions Co	nsulting	AMOUNT: \$ 69,252 .00	O *Adder	ndum attached
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PURPOSE: Advertising			AMOUNT: \$ 196,540 .00	O *Adder	ndum attached
O PROCUREMENT & NONPROC	UREME	NT			
<ul> <li>Continued on attached pag</li> <li>If any expense listed above ex expense, dollar amount attribute</li> <li>D Total expenses for current period</li> </ul>	ceeds S stable to	o the indiv	individual, you must attach the of idual and the name, title and er .00 (if applicable, include all ex	Tiployer or file	marriada.
	erson or or entitle ons rece five Cor tional C	lved from t itributions fi	ted as the Single Source for a Conen aggregated as a Single Source he Single Source. Include the darom the Single Source have been so		
Single Source Entity's Name:					
or Single Source Person's Last Name:	Soros		First Name: Jone	athan	
Address: 888 Seventh Ave 40th Floor					
City: New York			State: NY		ZIP code: 10106
Phone:					
	/ 21	/ 2013	Amount of Contribution	n: \$ 11,000	.00
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## Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Dis	clo	sure			<b>公司和</b> 法的第三人称
	ELEVANDARIA PAR	THE RESERVE OF THE PERSON NAMED IN	ived from the	Single Source. Include the date and the am	ount of the Contribution
received.					
Contributions from Single Source				or the second se	
Single Source Entity's Name: Pu	iblic C	ampaig	n Action Fun	d	
or Single Source Person's Last Nan	ne:		- 12	First Name:	
Address: 1133 19th Ave NW, 9th F	=loor				20036
City: Washington				State: DC	ZIP code: 20036
Phone:		129.25		350,000	:
Date Contribution Received:		/ 22	/ 2013	Amount of Contribution: \$250,000	.00
Date Contribution Received:	05	/ 29	/ 2013	Amount of Contribution: \$75,000	.00
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V Source of Funding Disclosure					
B Single Source information for a Contril	bution(s)	from mu	Itiple, Related, or Affiliated Entities.		
Contributions from Single Source #1					
Related or Affiliated Entity or Person:					
Entity's or Person's Full Name:					
Entity's or Person's Address:					
Entity's or Person's Phone:					
Dates and Amounts of Contributions from	n Entity c	or Person			.00
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Related or Affiliated Entity or Person:					
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Contributions from Single Source #2					ga. uto Signa Abel Gal
Related or Affiliated Entity or Person:					
Entity's or Person's Full Name:					
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				NAME OF TAXABLE PARTY OF TAXABLE PARTY.	
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Addendum to list all such Contributions:	00.00(3)				()

VI Subjects lobbied:	VII Person, State Agency, Municipality or Legislative Body lobbied:
Campaign Finance	Senate, Assembly, Executive Branch
O Continued on attached pages	O Continued on attached pages
	The state of programment
VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which	VIII Title and Identifying Numbers of procurement contracts/documents lobbied:
you lobbied: A4980, S4705, S4897	None
O Continued on attached pages	O Continued on attached pages
Number or Subject Matter of Executive Order of Governor/Municipality lobbied:	X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:
None	None
O Continued on attached pages	O Continued on attached pages
XI Declaration	
This Declaration must be signed by the Chief Administrative reason, does not sign, he/she must duly designate another	Delicolato Signatura Decidional 1966 mismoono.
I declare under penalty of perjury that the information correct, and complete to the best of my knowle	mation contained in this report is noe,
X SIGNATURE:	DATE: 7/12/13
PRINT NAME: LAST Jometh	FIRST David
TITLE: Dice for	
	Designee(Attach Letter)
The following MUST be attached to this repo	rt at the time of submission:

- --You must attach a \$50 dollar filing fee to each semi-annual report. (No fee is required for amendments to the original)
- --If applicable, a designation letter if you have marked designee in section XI.
- --If applicable, continuation sheets for sections III,IV,V,VI,VII,VIII,IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.